00553

		574	CERTII	FIC.	ATE OF DEATH	+		Reg. D	ist. No.	UU	1001
1. PLACE OF DE. a. COUNTY	ath Oorchester		MARYL	AND	2. USUAL RESIDENCE (WI o. STATE Maryla		d lived. If institution b. COUNTY		nce befor		sion)
b. CITY OR TO	OWN (If outside corporate limi	its, write	c. LENGTH OF STAY I	Nib	c. CITY OR TOWN (If a		rote limits, write R			-	n)
	give neorest town) Cambridge		Lyr.2mos.15	1499	. Girdle			098	-		V
d. NAME OF	HOSPITAL (If not in hospital, a	jive street	oddress)	Juca	d. STREET ADDRESS	04.00		,,	1	e. IS RE	SIDENCE
Restern	Shore State	Hospi	to7								NO TO
3. NAME OF	Fic		Middle		Last	4. DATE	Mon	th.	Dan		Yeor
(Type or print)		dia	***		Adkins	OF DEATH	Januar		6	*	19 59
S. SEX	· ·	-	ED NEVER MARRIE	рПІ	B. DATE OF BIRTH		9. AGE (In years				ER 24 HRS.
Female		WIDOWE			May 27. 186	0	lost birthday) 89 yrs.	Months	Days	Hours	Min.
100. USUAL OCC	UPATION (Give kind of work	done 10b.		R INDUS				12. CI	TIZEN O	E WHAT	COUNTRY
anting most	of working life, even if retired				Marv]				TT ·	S.A.	
13. FATHER'S NA					14. MOTHER'S MAIDEN N			-1	Uel	3 - 12 -	
Geor	ge Hudson				Janice H	ludeon					
	EDEVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. H	NFORMANT	INGPORT	Addi	ess			
Tes, no, or unbeginn	fit yes, give wor or dates of s	ervice)	MAMO	Fo	stern Shore S	tata l	Ucenttal	Popo	nda		
IIB. CAUSE	OF DEATH [Enter only one co	use per lin	e for (o), (b), and (c),]	1 110	sperit bilore c	ua ve	HOBOT GAT	reco.		PVAL RI	ETWEEN
	I. DEATH WAS CAUSED BY:	Pı	neumonia							ET AND	DEATH
450	IMMEDIATE CAUSE (c			-						wee	K2
	s, if any, which)		angrene, ri	ght	foot				1	day	9
goye rise	to immediate)	, , ,	0							
cosse (o), s	tottud tue huder		eneralized	art	eriosclerosis				Ma	inv i	years
_	II. OTHER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAI		P. WAS	AUTOPSY DRMED?
2 20- 455105	NAT WAS AN OPENIAN OF THE	201 050	COURT CHOICE IN THE WORLD			0 -1 1 0	4 4 6 to 30 t			YES [NO
	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER;	200. 0630	OC TRUENI WORLDER.	CORRE	D. (Enter nature of injury in t	PORT OF POR	ill of item 15.)				
20c. TIME OF Hour	INJURY Month, Day, Ye o. m. p. m.	ar 20d. IN While of work	Not while	20e. PL/ foc	ACE OF INJURY (Home, form clory, street, office bldg., etc.	, 20f. (City	or town)	(County)		(Stote)
21. I certi	ify that I attended the	decease	d from 10-22	-	19.57. to 1	-6	19 59	that I	last sa	w the	deceased
alive on_	1-6-	. 19		death	occurred at 11:30	PM from	n the couses o	nd on t	he dat	e stat	ed above
	14		Ó				treet, city or town,		110 001		ATE SIGNED
ACTUAL SIGNATURE	Kenen &	2	Lune		Rt. 2, Cambr	idge.N	Maryland]	1-7-	59
PHYSICIAN'S	George E. Cu	ırrie	r, M.D.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
22a. BURIAL, CRE	MATION, 225. DATE THEREC)F	22c. NAME OF CEME	TERY O	RCREMATORY	22d. LOCA	NON (City, town, o	or county)		(Stal	9
Dune	I thin the	59	Thablest	70	neley	Ver	delice	MA	41/1/2	4/	
23. FUNERAL DIR	ECTOR'S SIGNATURE		ADDRESS	.11	16.11	D BY REGIST		U			
Morrace	y of Chances	Sto	war He	11	DATE J	an 9	59 C	Chang 2	. That	er.	

VS A15 (4) ISM 9/55

THIT AREA TO THE WATER A District D THE RESIDENCE OF THE PROPERTY MANAGED THE WITHOUT THE PARTY OF THE PAR

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	*	558	CERTII	ICATE O	F DEAT	Н		Reg. D	ist. No		
1. PLACE OF DEATH a. COUNTY Dorches	ster		MARYL	ATS of	RESIDENCE (W		lived. If instituti b. COUNTY	_		re odmis	
b. CITY OR TOWN (IF RURAL and give no Cambridge	arest town)		LENGTH OF STAY	N 16 c. CIT	Y OR TOWN (IF		ole limits, write R	URAL and	give ne	aresi low	n)
d. NAME OF HOSPITA OR INSTITUTION Cambridge	AL (If not in hospitot, Maryland	give street od	dress)	319	Glenbur	m Ave					SIDENCE A FARM?
3. NAME OF EVEL	Minnie		right		Lost Ogg	4. DATE OF DEATH	Mon Jan	ith	29	iy	Yeor 19 59
s. sex Female	6. COLOR OR RACE White	7. MARRIEI	NEVER MARRIED	_	= BIRTH		9. AGE (In years last birthday) 96 yrs.	Months Months	R 1 YEAR Doys	IF UND Hours	ER 24 HRS. Min.
Retired Li	ing life, even if retired	1)	Hopkins		RTHPLACE (Stole	or foreign co Virgin		12. CI	TIZEN C	F WHAT	COUNTRY
	N. S. Blog			14. MOT	Charl	otte T	hayer				-
15. WAS DECEASED EVER	R IN U. S. ARMED FOI If yes, give wer or dates of		CIAL SECURITY NO.	Mrs. Ter		er 11	Add 5 E. Mel		Ave	Bal	to.Md.
	TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO	(CDU	Cerebra	al Accide		left	hemipleg	ia ease	INT	ERVAL BI	TWEEN
Conditions, if or gove rise to in couse (a), stating the tying cause lost.	he <u>under-</u>		riosclero riosclero				yasoul	ar			ear +
5 Diabe	er significant contest Mellits underlying of cause of death	us	NTRIBUTING TO DEA					EN IN PA	RT 1(o) 1	PERFC	AUTOPSY DRMED?
20c. TIME OF INJURY	MEDICAL EXAMINER) Month, Day, Ye	ar 20d. INJU	Not while	Oe. PLACE OF INJ	URY (Home, form, office bldg., etc.	m, 20f. (City	or town)		(County)		(State)
	at I attended the	deceased	-	8-58 , 19	, to	1-29-	59, 19	,that I	last se	aw the	deceased
ACTUAL SIGNATURE	29-59 Pedridge Eldridge H	. 19 . Wolf	no Ly	death accurre	d at 1:10	A.M. fram ADDRESS (Str		and an I	the da	te stat	
226. BURIAL, CREMATION REMOVAL (Specify) Burial	1/31/59	OF :	Druid	Ridge	PRY		ION (City, town, o			(Sto	le)
23. FUNERAL DIRECTOR'S	SIGNATURE Sur	1803	ADDRESS ale	cert Si	240. REC	D BY REGISTE	RAR 24b. REGI				

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after may be retained. The haspital or attending physician.

SEUNERAL DIRE: DR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shaut the registrar prior to burial, crematian, ar remaval, and in any event willin 72 hours after death. may be retained TO FUNERAL DIRE

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death: Page 4

eral director, id be filed with

VS A15 (4) 15M 10/57

70.15 Manager and the state of the st The second of the second THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the center of the ward "pending" in pending item, 18. Givin Pages 1, 2, and 3 to the funeral of the Property A should be for fided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, at its designated agent, prior to burial, cremation, at removal, and in any eyent-within 72 hours after death.

VS. A15ME 5M 2/57 I

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00553

-		The second secon	V 20								
1. 1	COUNTY			MARYL	AND	2. USUAL RESIDENCE (orche		
Ca	city or town umbridge"	(If outside corporate limits, write own)	RUPAL	Life	ч 16	c. CITY OR TOWN (I		rporate limits, write	RURAL and	give ne	arest town)
		e Maryland H		pital, give street address		/d. STREET ADDRESS 312 Academy	Str4e	et			e. IS RESIDENCE ON A FARM? YES NOTE
	NAME OF DECEASED Type or print)	Virginia Fin	st	Middle R	Egl	pert	4. DATE OF DEATH	Mant	Jan	Doy 1	Year 19 59
s. s en	nale	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	-	Oct 2, 1919)	9. AGE (In years lost birthday) 39 yrs.		Doys	Hours Min.
Les Les	USUAL OCCUPA Uring most of wor LDOTET	TION (Give kind of work king fife, even if retired)		ind of Business or II	VDUSTR'	Maryland		country)		S	WHAT COUNTR
	father's NAME	Egbert				Beatric		.nmer			
15. (Yes.	WAS DECEASED	EVER IN U. S. ARMED FO	pervice!	social security no. Jnknown		ommant ymond Egbert	b Ba	Address ltimore	Maryl	and	
	PART f. Di 44.20,1 Conditions, if gove rise to imm (a), stating the cause lost.	eny, which (b) (b) DUE TO (c)	Cor	onary occ						1	AND DEATH Hr.
CERTIFICATION		THER SIGNIFICANT CON		HOW INJURY OCCUR					VEN IN PART		PERFORMED?
MEDICAL CERTI	PRIMARY () or C CAUSE OF DEAT 20c, TIME OF IN Hour o, r	H. Honth, Day, Yes	≥ 20d. I White	NJURY OCCURRED 200	- PLACE	OF INJURY (Home, formy, street, affice bldg., etc.	n, i 20f. (Ci		(Cour	nty)	(State)
	21. I certify	that I took charge the resulted from: I Jacks Dr. John M	Notural o	_	_		Homicide XAMINER [ermined m	Name of Street	and in my
	Buria Preci		1959	no. NAME OF CEMETER Dorcheste		em. Park	Can		laryla		(Stote)
23. Le	Compte F	ors signature uneral Home	Ca	mbridge Ma	ryla		N 2 3		STRAR'S SIG		

The second of the ball of 1 00

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MARYLAND	STATE	DEPARTMEN	T OF HEALTH-	-BALTIMORE,	18
MEDIC	AI FX	AMINER'S	CERTIFICATE	OF DEATH	

00554

		WED	ICAL EXAMI	IAEK 2	CERTIFICAT	E OF L	EAIR	Reg. Dis	t. No.	
	COUNTY D	orchester	м	IARYLAND	2. USUAL RESIDENCE (W		lived. If institu	-	19	admission) ester
b	and give nearest town)	outside corporate limits, write BUR		Yrs.	c. CITY OR TOWN (IF			RURAL ond	give neare	st lown)
¢	. NAME OF HOSPITA	OSS St.	I in hospital, give street as	idress)	/d. STREET ADDRESS 21 Cro	ss St.				IS RESIDENCE ON A FARM?
	NAME OF DECEASED Type or print)	Virgie	Mosar		nnals	4. DATE OF DEATH	Jan.	3	Doy	Year 59
5. \$	^{EX} Fema le		MARRIED NEVER MAI		Unknown	9.	AGE (In years low birthday) O yrs.	Months D	the same	UNDER 24 HPS.
d	USUAL OCCUPATION WORKING OPER	ON (Give kind of work done g life, even if relired)	106, KIND OF BUSINESS Seafood	OR INDUSTR	Marylan		itry)	12. CITIZ	US A	HAT COUNTRY
_	FATHER'S NAME	3			14. MOTHER'S MAIDEN N	who were commonwealth				
	Henry M	osers			Unkno	wn				
	WAS DECEASED EVE	the second of th	220-03-40	7-1	ormant es. Lee Ro	berts	Camb	ridge), M	d.
Z	PART 1. DEAT 420./ Conditions, if or gove rise to immed (0), stating the w course lost.	liote couse	Coronary o	cclus		NAI DISFASE (ONDITION GIV	FN IN PART		s tant
CERTIFICATIO	200. EXTERNAL CAU PRIMARY D OF CON CAUSE OF DEATH.	ISE WAS 20h D			ler noture of injury in Port			ANNA SARA SARA SARA SARA SARA SARA SARA	YES	ERFORMED?
MEDICAL	Hour o.m.	Y Month, Doy, Year	20d. INJURY OCCURRED White Not while of work of work	factor	E OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City or	town)	(Coun	ly)	(Slate)
	actual SIGNATURE	ot I took charge of resulted from: Not	ural causes 🖪. A	and the same of th		AMINER []]	Inquiry rmined m	anner	and in my
120	resente (17 be)	N. 226. DATE THEREOF	J 226. NAME-OF-GE	METERY OR O	REMATORY	22d. LOCATIO	N (Cily, lown, e		d)	(Slote)
13.	FUNERO DIRECTOR	S SIGNATURE	CAYIGKIS	18_	240. REC'D DATE	EB 5	24b. REGIS	TRAK'S SIGN	Trous	
		7)				and the same		The other sections of the section of

VS. ATSME 5M 2/57

Belleville HTA IQ TO STATELY IN PERMITANT SANGERS .554 03 on submitted E male

heral director,

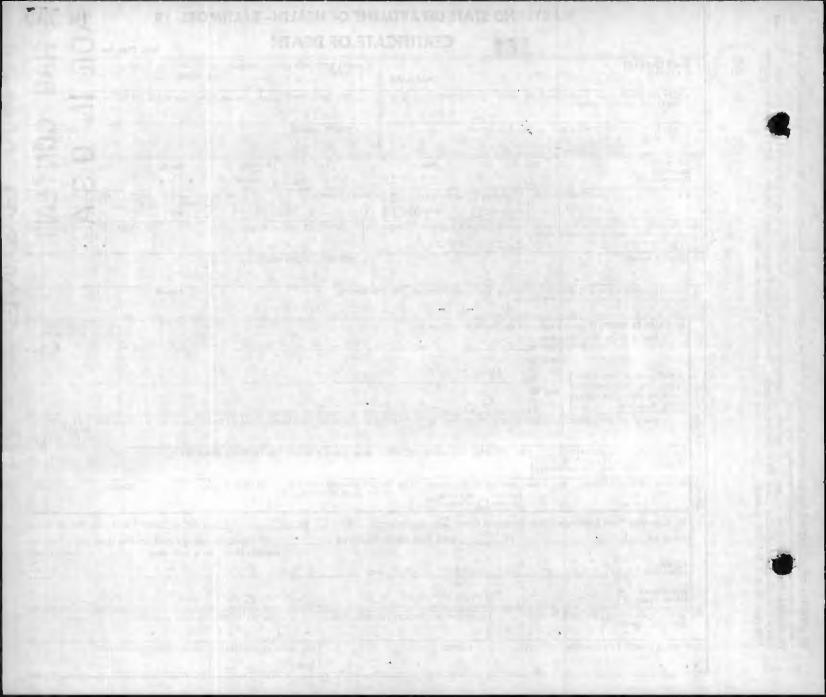
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

		61	CERT	IFIC/	ATE OF DEATH	1		Reg. Dist	. No.	
a. COUNTY DO	rchester		MAR	TLAND	2 USUAL RESIDENCE (Who a. STATE PLESTY 12	ere deceased live	d. If institution b. COUNTY	n: Residence	before o	dmission)
b. CITY OR TOWN (If RURAL and give ne	outside corporate limits	, write	c. LENGTH OF STAT	Y IN 1b	c. CITY OR TOWN (If or	ulside corporole	limits, write RU	IRAL and gi	ve negresi	lown)
Cambrid			2 weeks		X Madison	1				
d. NAME OF HOSPITA	AL (If not in hospital, gi	ve street	oddress)		d. STREET ADDRESS				e. 15	RESIDENCE
	ridge-Mar	ylan	nd despi	tal	hural					ON A FARM?
3. NAME OF DECEASED (Type or print)	John		Middle Benja	_	Fitzaugh	4. DATE OF DEATH J	an.10	,1959	Day	Year 19
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🔼	B. DATE OF BIRTH	9. A	GE (In years			
Male	11111111111	WIDOWE	Land		Nov 3, 180		yrs.	Months D	Days He	ours Min
during most of works	N (Give kind of work doing life, even if relired) N SAW Mil		etired	OR INDU	Madison		y)	12. CITIZ	U. S	HAT COUN
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
Joh	n R. Fitz	hug	h		Clement	ine An	drews			
IS. WAS DECEASED EVER	IN U. S. ARMED FORC	ES7 16.		D. 17. H	NFORMANT		Addre	253		
(Yes, no. or unknown)	f yes, give wor or dates of ser	S.	17-07-06	43 I	amily Recor	ds				
Conditions, if an gave rise la im couse (o), stating to lying couse lost.	he under- (c).		ARTER	105	CEROSIS	<i>IEART</i>	Pisi	ENSE	U	NDE
[A]					NOT RELATED TO THE TERMIN			N IN PART	P	VAS AUTOPS ERFORMED? S NO [
	CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	CRIBE HOW INJURY C	OCCURRE). (Enter noture of injury in P	ort I or Part II of	item 18.)			
20c. TIME OF INJURY Hour b. m. p. m.	Month, Day, Year	While	NOT WHILE	20e. PL/ foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or Is	own)	(Co	unty)	(Sto
21. 1 certify the alive onA	of I attended the a	., 19.5	2, and that	t death	accurred at 10.20	DORESS (Street,	e causes ar	nd on the	ist saw e date s	the deced
PHYSICIAN'S A LEGAL TOPO STATE OF THE PHYSICIAN'S A LEGAL TOPO STATE OF THE PHYSICIAN STATE					D CA				MI	>,
SEWONAT (Specify)	Jan. 12,	195		Chur	ch Cemetery	Madis	(City, lown, or	county)		(Stote)
3. FUNERAL DIRECTOR'S	1		O ADDRESS LO		St . 240. REC'D	BY REGISTRAR	24b. REGIST	RAR'S SIGN	NATURE	
K. R. Thom:	as Funr.	U a	mbridge.	M.Q.	DATE . VA	ספי א ד ע	0.1	1. a 8 .	the way	

may be retained the haspital ar attending physician.

TO FUNERAL DIR DR. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 strather registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR VS A1S (4) 1SM 10/57



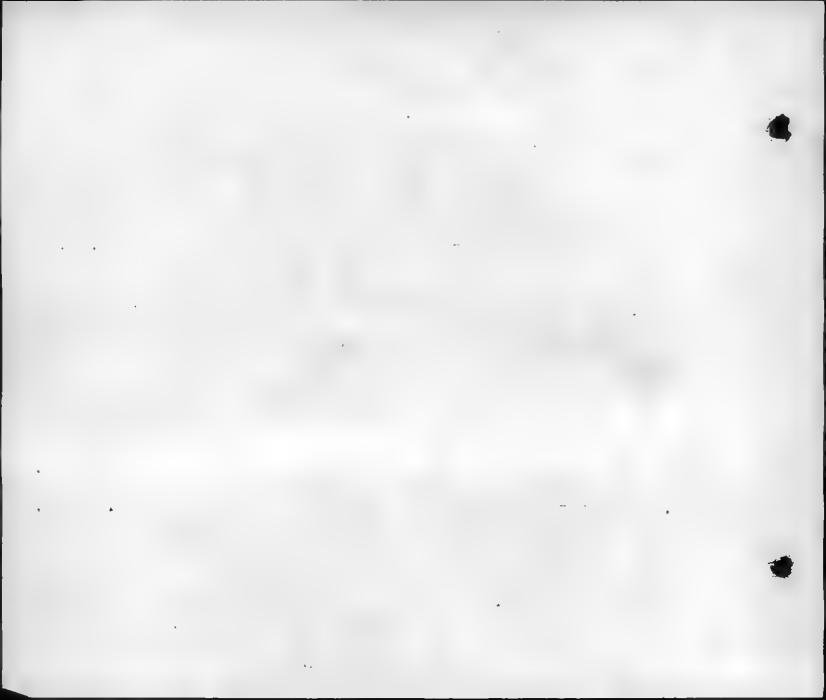
	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	0.0555
. 1	575 CERTIFICATE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH O COUNTY O COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If o. STATE o. STATE) b CC	institutioni Residence before admission) OUNTY
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town)	write RURAL and give negresi town)
9.	d. NAME OF HOSPITAL (If pod in haspital, give street address) OR INSTITUTION (Listing)	Is residence On a farm? YES \(\sqrt{1} \) NO \(\sqrt{1} \)
	3. NAME OF DECEASED (Type or print) - JCH NES Lift HOCKET DEATH	Month Doy Year
	S. S. COLOR OR BACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH / SON DET ON SON DE S	hday) Months Days Hours Min.
	106-USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY VI. BIRTHPLACE (State or foreign country) 11. LL 2 ML KLEL 12. LL 2 L	122CH ZEN OF WHAT COUNTR
	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME	en heir.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17-INFORMANT (Yes no or unknown) (It yes, give wor or dates of service)	Address /
_	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	12715
	Canditions, if any, which) 161 (Fre hel Attenoclones	1245
	gave rise to immediate couse (a), storing the under: tying cause last (c) Crue leges	12 44
O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS 200 ACCIDENT WAS UNDERLYING [] 201 OR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	ON GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES \[\] NQ \[\]
		10.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Nat while of work at wor	(County) (Slote
	21. I certify that I attended the deceased from 10/20, 19.5%, to 1/13	19.5. 1, that I last sow the deceas
	olive on 112	
	SIGNATURE Juney & Vernous M.O. P. OBEY HITE	Gueston Hy 1/16
	PHYSICIAN'S HORoles 13. Phileston May 1	· ·
	220 EURIAL CREMATION, 226 DATE THEREOF, 126 NAME OF CEMETERY OR CREMATORY 120 VOCATION ICHY.	lown, or county) / + (Stote)
	23 FUNERAL DIRECTOR'S SIGNATURE / (ADDRESS) 24a. REC'D BY REGISTRAR 24	REGISTRAR'S SIGNATURE
0	DATE JUN 22'59	C 11. 1 & France

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY Q. STATE marvland b. COUNTY Somerset Lorchester MARYLAND c CITY OR TOWN (If outside corporate l'mits, write RURAL and give necresi town) b. CITY OR TOWN Bt outside corporate I mits, write RURAL c. LENGTH OF STAY IN 16 and give nearest town Marion Square Cambridge 19vr.7mo.lda. IS RESIDEN. E d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FANNS YES NO X Lastern Shore State Hospital NAME OF Middle 4. DATE Month Year DECEASED Hall DEATH January 19 59 (Type or print) Roxle 9. AGE (In years FUNDER TYEAR E HNDER 24 HR 6. COLOR OR RACE 7 MARRIED THE NEVER MARRIED THE DATE OF BIRTH 5. SEX fort birthday) Months Hours 1878 White WIDOWED [7] DIVORCED [T] yes. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) Houseville Maryland 12. CITIZEN OF WHAT COUNTRY? age U.S.A. form PM3. Po 14 MOTHER'S MAIDEN NAME pages 13 FATHER'S NAME Oliver Briddell Lizzie Howard 16. SOCIAL SECURITY NO 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address , in (if yes, give war or dates of service) RECORDS- Eastern Shore State Hospital HIP. unkn. BUTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Myocardial failure 2 daye IMMEDIATE CAUSE (a) Office DUE TO Conditions, if ony, which pave rise to immediate couse **DUE TO** (a), stating the underlying Ü couse lost. 50 PART IF, OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED? YES ITT NO I Fracture neck right femur 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING TO CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fort I or Port II of item 18) Found complaining of pain and unable to bear weight on leg. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (State) Month, Doy, Year (County) 20c. TIME OF INJURY Not white factory, street, office bldg , etc.) Md. Cambridge of work of work Hospita] Dor. to the 21. I certify that I took charge of the remains described above, held an Autapsy . Inspection ... Inquiry | and in my opinion death resulted from: Natural causes , Accident 13, Suicide . Hamicide . Undetermined manner CTOR DATE SIGNED D IN designoted ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL De ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** John Mace Jr. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BUR AL, CREMAT ON 236 DATE THEREOF 22d. LOCATION (City, fown, or county) 22c. NAME-OF CEMETERY OR CREMATORY BEMOVAL (Specify) 0 240 REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE DIRECTOR'S SIGNATURE VS. A15ME athur & thous

5M 2/57



S77 CERTIFICATE OF DEATH

Reg. Dist. No.

			Reg. Dist. 140.
1. PLACE OF DEATH 0. COUNTY	ARYLAND G. STATE	/ b. COUN	
JOYCKESIET	1 (-2, F M	-5NG 12-	
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)		N (If autside corporate limits, write	RURAL and give nearest town)
- 2 m pt das 1/101	540, Fasi	974	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRI	ESS	ON A FARM?
ERSIKTH Shote Slate Hoshi	a la		YES NO 🖸
3 NAME OF First /M DECEASED (Type or print) Berhard Gley	iddle tost	OF SEATH	South Day Year
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER M.			1 40 11 - 1
The state of the s	PRCED 1/-23	9. AGE (In year last birthday 8 0 y	Manths Days Haurs Min.
10a USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINE during most of working life, even if retired) ELECTRICAL Worker Net CX PTILL for	SS OR INDUSTRY 11 BIRTHPLACE	(State ar fareign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAI	DEN NAME	<u> </u>
WALLIAM F. HOLM		LIZA BETHE	1. HWLS EMAN
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (If yes, give wor or dotes of service)	TOSITE	57	ombridge lijq
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	t (c).1		INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)	(N	v. 8-c-h	ONSET AND DEATH
151X DUE TO	.		
Canditians, if any, which agave rise to immediate			
coese (a), stating the under-			
lying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION (GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Z
200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJU OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURRED. (Enler nature of inju	ry in Part I ar Part II of item 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Hame	form, 20f. (City or town)	(Caunty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while of wark of wark	factory, street, affice bld	, etc.)	(January)
21. I certify that I attended the deceased from 10 -	-11 , 1958, to	1-16 , 195	that I last saw the deceased
alive an 17 16 , 1921, and 1		40PM, from the causes	and on the date stated above
ACTUAL SIGNATURE Troman D. red	M.D. E.S.S.H	ADDRESS (Street, city or low	obje Md 1-16.8
PHYSICIAN'S Thomas J. Droden, M.D.	Enstern Shor	no Stota Homist	1, 0 m 1 1 0, 1d.
220. BURIA. CREMATION, 22b. DATE THEREOF 22c. NAME OF CON	CEMETERY OR CREMATORY	22d. LOCATION (City, 10W)	granty)) well (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 2 1 0 240	. REC'D BY REGISTRAR 24b. RE	GISTRAR'S SIGNATURE
Thele Tarley Have - Citary	el le Mid	MAN 21 '59 C	thing & Known

unerol director. death. Page 4 TO HOSPITAL OF TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after may be retained. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the congress shauld be detached for use as the burial-transit permit. Then please remove expan popers. Pages 1 and 2 should the registror prior to burial, crematian, or removal, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/5\$



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pressary, please pr. Page our files, and of Health,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Film 236 MEDICALERY AMINER'S CERTIFICATE OF DEATH

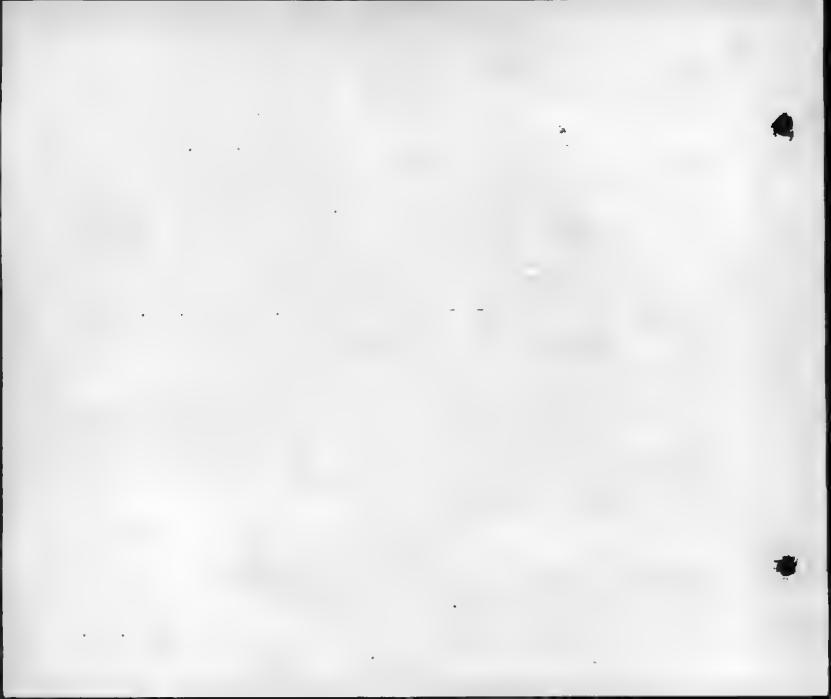
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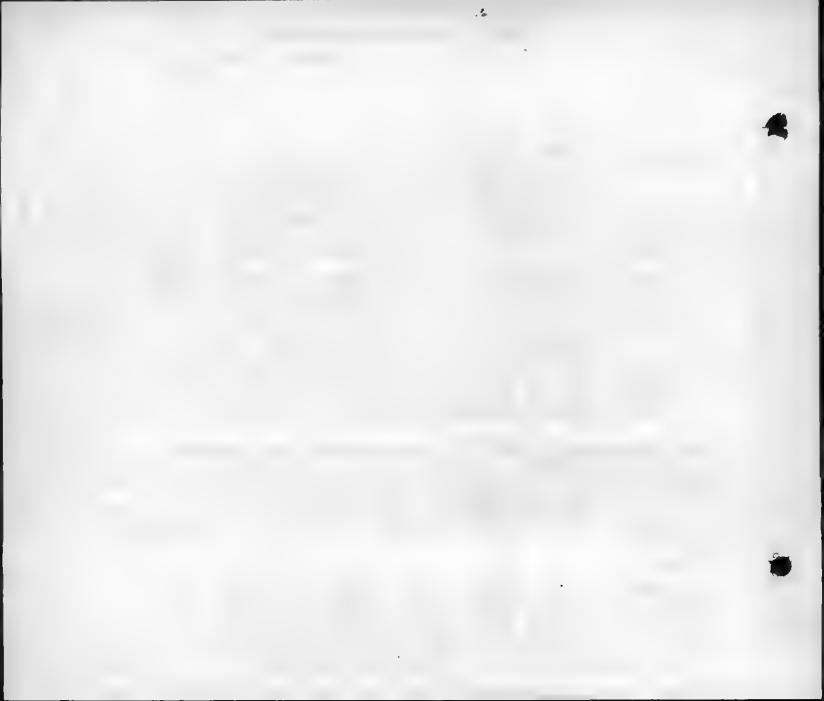
DATE FEB 1 3 '59

		3411	-DICA	r rvwimiai	. 14 3	CERTII	ICAI	LOI	DEMIII	Reg. Dis	it. No.	
	PLACE OF DEATH	chester	62	MARY	AND	2. USUAL RES			ed lived. If inst b COUN	ilution: Resider	nce befor	ster
Ŀ	ond give nearest town) Cambr	0.3	+ RUPAL	c. LENGTH OF STAY I		c. CITY OR		outside corp	orale limits, wri			_
(L OR INSTITUTION	Spita	oitol, give street oddress)	d STREET A	DDRESS	St.	Ext.		-	ON A FARM?
	NAME OF DECEASED (Type or print)	Erm		Middle	Hu	nter		4. DATE OF DEATH	Jan	ary	30	Yeor 19 59
	emale	6. COLOR OR RACE	Z. MARRIE	NEVER MARRIED DIVORCED				928	9 AGE (In years loss bigheley)	Months C		FUNDER 24 HRS" Hours Min.
C	LUSUAL OCCUPATION OF WORKING LABORS FATHER'S NAME	life, even if retired)	done 10b K	IND OF BUS NESS OR I	NDUSTR		rgin	ia	puntry)		SA	WHAT COUNTRY?
15. Yes	John He WAS DECEASED EVE NO NO	nry Hunt	RCES? 16 S	ocial security no -26-7879		Cor FORMANT ra Hur	a Be		Addre folk,			
CATION	Conditions, if on gove rise to immediately stating the uncounted to the country t	nderlying DUE TO	<u></u>	thyl alco					CONDITION G	IVEN IN PART	1(0) 19.	WAS AUTOPSY PERFORMED?
MEDICAL CERTIFI	20o. EXTERNAL CAU: PRIMARY OF CON CAUSE OF DEATH. 20c. TIME OF INJUR' Hour o. m. p. m.		or 20d, II While	HOW INJURY OCCUR	e PLAC		tome, form	120%, (City	,	{Cour	ily}	(State)
	opinian death r		Notural c	emains described auses . Accid	_	, Suicide M.D CHIEF M ASSISTAL	EDICAL EX			4	onner	and in my
120	BURIAL CREMATION REMOVAL (Specify) Burial	2/7/59		Waugh Ce		REMATORY Gry		22d LOCAT	oridge	or county)	Md	
ra. F	funeral director's	t.Clair	Ca	mbridge,	Md.		24o. REC'[BY REGISTI	tAR 246. REC	BISTRAR'S SIGI	NATURE	

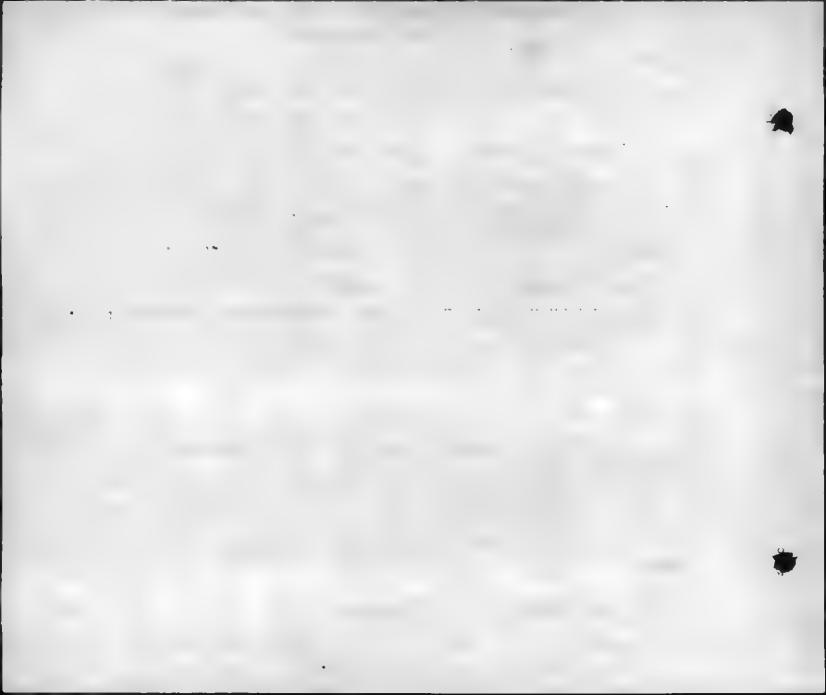
THE DEPUTY MINISALE ELLEMINER: This certificate should be execute the control of the death. If any delay is researched the control of the form of the form of the form of the formeral should be introduced to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to Final be used as a burial-transit permit. File pages I and 2 with the State 8 or its designated again, prior to burial, cremation, or removal, and in any event within 72 hours after death. MS A15ME 5M 2,57



		MARYLAND STATE DEPARTME	ENT OF HEALTH-BALTIA	10RE, 18	0.0 = = = =
		578 CERTIFICA	TE OF DEATH	Reg. Dist. N	00559
M)	1.	PLACE OF DEATH O. COUNTY EXERCISE MARYLAND	2 USUAL RESIDENCE (Where devosed live a. STATE ANAMALY)		
		b. CAY OR TOWN LILY outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give invorest town)	c. CITY OR TOWN (I) pusside corporate)	limits, write RURAL and give a	nearest tawn)
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS	/	. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) Oba First Till Car	LOTT A. DATE OF DEATH	Month	Day Year
	5-	Mare While WIDOWED DIVORCED	11.2 111101	Manths Doy:	AR IF UNDER 24 HRS. Hours Min.
	100	USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUST during mon of warking life, even if retired)	THE BUTTE LACE (Stote or fareign country	1 12.30 12 N	OF YHAT COUNTRY
	1/3	FATHER'S NAME UNKNOWN	14 MOTHER'S MATCHYNAME	m	
	15 (Ya	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 177 IN. (If yes give wer or dotes of very ce)	FORMANT O. R. Janke	Mi secreta	un 326
		18. CAUSE OF DEATH [Enter only one cause per Age for (a), (b) and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	money Varues	0	NTERVAL BETWEEN NSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the under-	hoss		1074
\$	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N GENCY (125-1) AVICY (45 C	~		19. WAS AUTOPSY PERFORMED? YES NO F
	L CERTIF	(IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of in ary in Part I or Part II of	item 18)	
	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLAC While Not white of work of other or work of the part of work of the part of work of the part of	E OF INJURY (Home, form, 20f. (City or to bry, street, office bldg., etc.)	own) (Count	y) (Stole)
		21. I certify that I attended the deceased from 7/24 olive on 12/12 19 28 and that death of	occurred ot 9: 20AM, from the	, 19_7,that I last	saw the deceased
		ACTUAL DOLLAR REP	o. Proton Strange	city or town, state)	DATE SIGNED
1		PHYSICIAN'S HUROLG B. Phymincy	Respo Tho	11/one	
	6	REMOVALISHED 112/3/4 REMOVALISHED IN 112/3/4 REMOVALISHED REMOVALISHED REMOVALISHED REMOVALISHED REMOVED REMOV	Market Cast	Mile Muse Key	(Share)
	15	SONERAL DIRECTOR'S SIGNATURE ADDRESS HOW THE	248 REC'D BY REGISTRAR DANE API & 5 '59	24b. REGISTRAR'S SIGNAT	URE



1		MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18
* := X)		CERTIFIC	CATE OF DEATH Reg. Dist. No. () (1564)
Page director	1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE b. COUNTY
file file	-	Dorchester b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	Maryland Dorchester
hero I be		RURAL and give nearest town)	
ler of the second	\vdash	d NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS . IS RESIDENCE
by ul		65 Douglas Street	65 Douglas Street ON A FARM?
4 ho	3	NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year OF TOXAG DEATH TOXAG 19.50
fille ges	-	(Type or print) Charles Maryland	Jan 4. 1779
with Po	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lost birthdoy! Months Days Hours Min.
nple .	10	Male Negro WIDOWED TO DIVORCED o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC	March 15, 1874 8479 yrs. 12. CITIZEN OF WHAT COUNTRY?
execund correction poptions death	1.0	during most of working life, even if refired)	
and and	13.	Laborer Farming	Dorchester Co., Md. USA
at gan		- 100 MgA	
physician mave cor	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	Annette Jews MFORMANT Address
cert cert	{Ye	NO no or unknown) [If yes, give wor or dates of service) NO now one	Matteriee Cornish, Cambridge, Md.
death tendin please vithin		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	LINTERVAL BETWEEN
affer de with		PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) ARTERIOS	ONSET AND DEATH
Ther vent		430.0 DUE TO	CILICATO IILANI VISEASE
that by H ii. T iy ev			DECOMPENSATION
res erm		gove rise to immediate corse (a), stating the under-	
ing ing		lying cause lost. (c)	
sicic been from	S S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
physical phy	CAT		YES NO
AN: Tiending licate hall but or ren	CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)
SIC ath	MEDICAL		PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Stote)
PHY of this A th	MED	Hour o. m. p. m. 19 Of work of work	factory, street, office bldg , etc.)
Spits spits ter that fair the		21. I certify that I attended the deceased from 12-3	1 1958, to 1-14 - 1952, that I last saw the deceased
NTOI B hours			th occurred ot 5M, from the causes and an the date stated above.
Jero o o o			ADDRESS (Street, city or town, stote) DATE SIGNED
og be		SIGNATURE SIGNATURE	MD. 227 PING ST- (AMB, Md-1-1)
AL OF TOTAL OF TOTAL OF PAIN		PHYSICIAN'S	
<u>22 € 25</u>		NAME (Type)) EDWIN FASS.	Ett, M.D.
o HOSPI may be o Funer page 3 s	22	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
O HO may b O FUN page the re	_	Burlal 1/18/1959 Bethel Co	emetery Cambridge, Md.
VS A15 (4)	23	FUNERAL DIRECTOR'S ACHASINE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
15M 9/55		Cambridge Cambridge	ige, Md. DATEN 2000 Chilling S. Klassa



CERTIFICATE OF DEATH Rea. Dist. No. director, Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) filed a. COUNTY Dorchester b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town! rural Cambridge 23.rs.8.o.23d d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 15 RESIDENC astern Spore State Hospital ON A FARM? 25 YES NO P <u>.</u> NAME OF Middle Lost 4. DATE Month Day Year DECEASED (Type or print) DEATH 195 3. M 5. SEX 6. COLOR OR RACE MARRIED | NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years last birthday) Months Hours Min. WIDOWED | DIVORCED | popers. yrs 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and carbon offer de 0 510 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME emov 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address fif yes, give wor or dates of service! Eastern Shore State Hospital records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
| MMEDIATE CAUSE (a) 2DH 33/x **DUE TO** 2 <u>=</u> Canditions, if any, which gave rise to immediate in c **DUE TO** cottse (o), stating the underansit lying couse last. PART S. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS ALTOPSY PERFORMED? YES NO T 20° ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Q. m. Not while of work at wark -> 5 24 . 1957 that I last saw the deceased 21. I certify that I attended the deceased from Jan No. 1953 ____, and that death accurred at 722 12 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR prior O.K. should Thomas Dredge Shore State Wos NAME (Type) FUNER/ 220 BURIAL CREMATION. 22b. DATE THEREOF 220-NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote) REMOVAL (Specify) 240. REC'DTHEREGISTRATE 9 246. REGISTRAR'S'SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Though DATE FEB 1SM 9/55

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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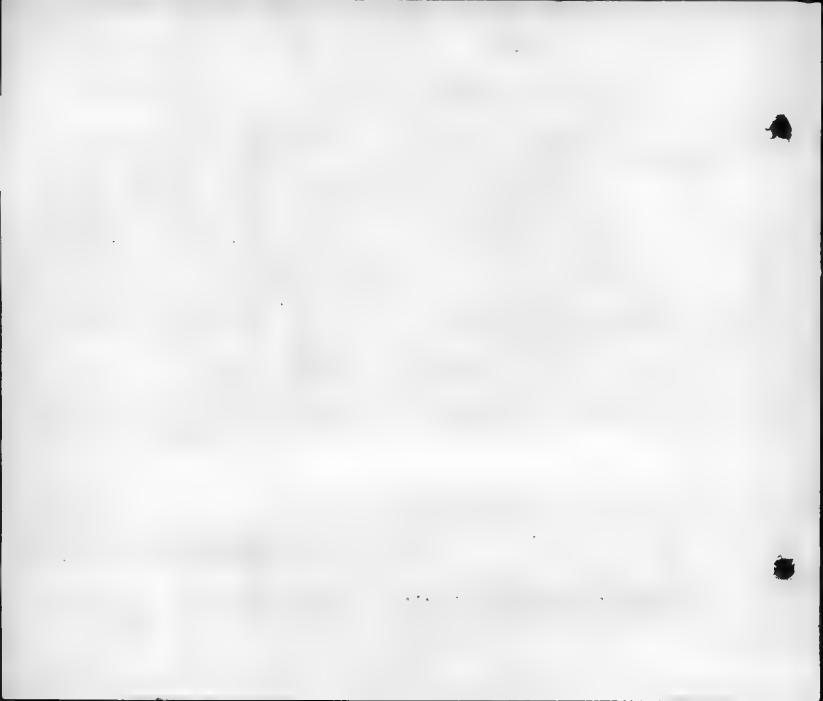
VS A15 (4)

dny

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physician

death



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 580 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY g. STATE b. COUNTY filed Dorchester MARYLAND Marvland Dorchester b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Taylors Island Taylors Island d. NAME OF HOSPITAL (If not in hospital, give street address) /d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO NAME OF First Middle Lost 4. DATE Day Year DECEASED OF DEATH Millie (Type or print) Keene Jan. 1950 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH Months Days Hours DIVORCED [WIDOWED | Female Negro USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Packing Dorchester Laborer Food 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Keene Amelia hours LeCompte remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NcNone Rache Taylors Island 1B. CAUSE OF DEATH [Enter only one cause per fine for (o), (b), and (c).] INTERVAL-BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cosse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) 0. m. While Not while at work of work p. m 14. 19.57 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at ... M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 310 should registrar PHYSICIAN'S NAME (Type ന 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Buria Smithville Cemetery Dorchester Co. 0 ADDRESS 23. FUNERAL DIRECTOR'S SUGMATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Md . DATE TAN 1SM 9/SS

deoth.



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FOR STA	ATE PEPT.
ory. please or files. of Health,	le:
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the control of th	7
death. If any delay is nece 2, and 3 to the funeral lage 5 may be retained f and 2 with the State Baord n 72 hours ofter death.	
: This certificate should be executed within 24 hours after death. If any delay is not word "pending" in pendi in Item, 13. Give Pages 1, 2, and 3 to the funeral hief Medical Examiner's Office along with form PM3. Page 5 may be retained it should be used as a burial-transit permit. File pages 1 and 2 with the State Ba a burial, or removal, and in any event within 72 hours after death.	I
IMER: This certificate should be executed within 24 hours after de ing the word "pending" in pendi in them 18. Give Pages 1, 2, he Chief Medical Examiner's Office along with form PM3. Pages 3 should be used as a buriol-transit permit. File pages 1 an ior to buriol, cremotian, or removal, and in any event within 7.	
executed wall in them. office along fronsit per noval, and	
is This certificate should be executed he word "pending" in pendi in the thief Medical Examiner's Office of should be used as a burial-transit of burial, cremotion, or removal, or	
s certificate ord "pendi Medical Ex Id be used rial, cremo	(
MAMINER: The writing the wall to the Chief is Page 3 should, prior to but	
Sided to RECTOR: Ped ogent, p	
PUTY MEE cute the cr ould be fr INERAL DI	7
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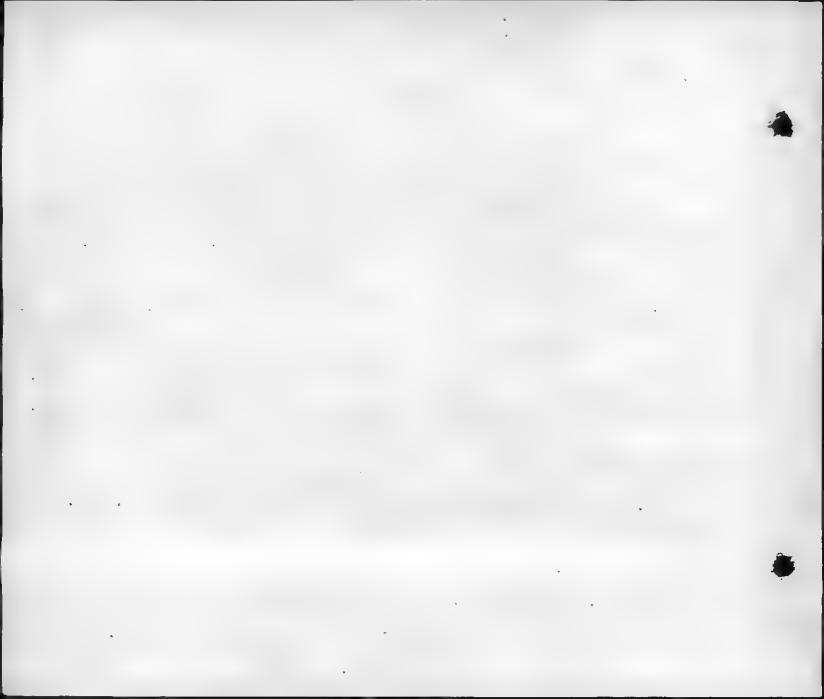
TO DEPUTY MEDICAL E

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\$M 2,57

1			W	DICA	L EXAM	NER'S	CERTIFICA	ATE O	F DEATH	Reg. Dist. N	00564			
•) PLACE a CO	E OF DEATH	M	ARYLAND	2 USUAL RESIDENCE (Where deceoted I ved. If institution Residence before admiss or) o STATEMaryland b COUNTY Dorchester									
p. C.	b CIT	of give neares fown	ots de corporete him is writ with mbridge	le RURAL	c LENGTH OF S	[]	c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) Cambridge							
			Convalesc			idress)	d STREET ADDRESS 409 Byrn Street							
	3. NAMI DECE: (Type	E OF ASED ar print)	Louis		Middi Saun		Lake	4 DATE OF DEATI	Month H January	18,1959				
		male	6. COLOR OR RACE	WIDOWE	DIVOR	ED 🔲 🕽	B. DATE OF BIRTH June 9,1865 9. AGE (in year IFUNDER LYEAR IF UNDER 24 H) See builder) 93 yrs. Hours Min.							
1		omemake1	(Give kind of wark life, even if refired)	done 10b K	CIND OF BUSINESS		Cecil Co		U.S.					
	713, FATH	ier's name Ro	bert Saun	ders			14. MOTHER'S MAIDEN NAME Martha Hanna							
	You not a	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT No N												
	18. 6	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c)] PART I, DEATH WAS CAUSED TY in all Bronchopneumonia 4.4.2. X DUE TO												
	gov: (e),	Conditions, if ony, which gove rise to immediate couse (b) Arteriosclerosis cardio vascular renal disease 15 yrs. (a), stating the underlying DUE TO												
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? VES NO 2												
	20g. PRIN CAU	EXTERNAL CAUS MARY Or CONT ISE OF DEATH.	E WAS FRIBUTING M	Fell	in bath	room			i) of (fem 18)					
	8	Hour o. m. Am p m.	10/26 19	58 While	Nat while	Hom Hom	OF INJURY (Home, f ,, street, affice bldg., C	elc.) Car	mbridge,		Md. (Store)			
		21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection K_, Inquiry, and in my opinion death resulted from: Natural causes K_, Accident, Suicide, Homicide, Undetermined manner												
	ACT SIGI	TUAL NATURE	John .	222	-ey) <u>></u>	M.D. CHIEF MEDICAL		-		DATE SIGNED			
	NAJ		r. John		Jr.	METERY OF C	DEPUTY MEDIC	AL EXAMINER	7 /00	-	150-4-1			
	REA	SYALST (1)	Jan.21,1		Bethel		ry	Ches	sapeake Ci	ty, Md.	(Stote)			
	23. FUN	ERAL DIRECTOR'S	the R. o	Thou	Lan Cambi	ridge,		FEB 4		TRAF'S SIGNATE				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



240. REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

papers. death. carbon remove TO should FUNER. poge 9 15M 9/55

a. COUNTY

NAME OF

DECEASED

No

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

DEFECTOR'S STORATURE

AEIDRESS

O

(Type or print)

Male



MAKTLAND	STATE DEPARTMENT OF HEALTH
589	CERTIFICATE OF DEATH

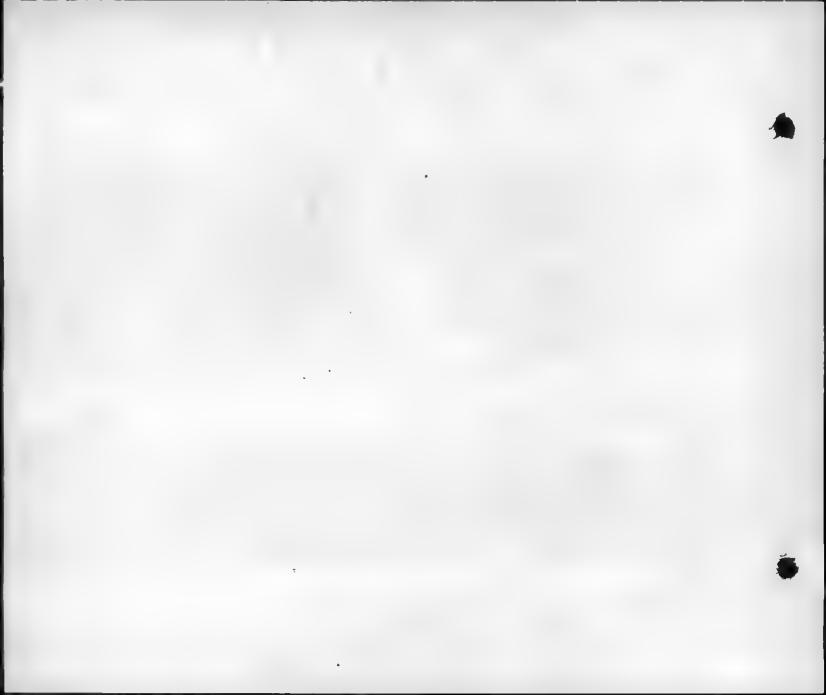
583				leg. Dist. No.		
1. PLACE OF DEATH • COUNDOrchester	MARYLAND	2 USUAL RESIDENCE (Who	ere deceased lived If institution b. COUNTY	Residence before odm ssion) Dorchester		
b. CITY OR TOWN (If outside corporate limits, write Cathoring are neared to Thural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge (Rural)				
d. NAME OF HOSPITAL (If not in haspitol, give street OR INSTITUTION R F D # 3 Camb	oddress) pridge	R F D # 3 Car	mbridge	e. IS RESIDENCE ON A FAPMY, YES NO		
3 NAME OF DECEASED (Type or print) 3 NAME OF John First John	Middle V •	Lewis Lon	4. DATE Month OF DEATH	9 ^{00y} Year 59		
Male White wow	/ED DIVORCED	B. DATE OF BIRTH Jan 31 1907	lass birthday) A	UNDER 1 YEAR IF UNDER 24 HRS Annihs Days Hours Min		
10a USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired)			or foreign country)	12 CITIZEN OF WHAT COUNTRY?		
Merchant	Restaurant	Maryland	Aber	USA		
		14. MOTHER'S MAIDEN N				
T Hicks Lewis 15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	Manie Ro	D1NSON Address			
(Yes no or unknown) (II yes, give wor or dates of service)						
	Unknown	Naomi Lewis	Cambridge M	aryland		
18. CAUSE OF DEATH [Enter only one couse per I: PART I. DEATH WAS CAUSED BY:	ine for {a}, (b), and (c}.]	01-	17	ONSET AND DEATH		
IMMEDIATE CAUSE (o)	Coronan	- slefare	wan	2 Kis		
420. DUE TO	α	1 ,0				
Canditions, if any, which) (b)	Coronan	y Acles	a-rea	- bile 2		
gave rise to immediate DUE TO						
lying couse last. (c)						
Part II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	I IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO		
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D (Enler nature of injury in Po	ort I or Part II of item 18.)			
20c TIME OF INJURY Month, Day, Year 20d I Hour a.m. 19 While p. m. 19	Not while for	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	20f (City or town)	(County) (Stale)		
21. I certify that I attended the deceas	sed from /2 - /2-	- 1956. to /	-9 1958	that I last saw the deceased		
alive an 19 - 59 19	and that death	occurred at 5 15	M from the course on	on the date stated above.		
			DDRESS (Street, city or town, sto			
ACTUAL SIGNATURE	consort.	MD Com	Inde	1-10-59		
PHYSICIAN'S NAME (Type)				1		
270. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town, or o	county) (State)		
Burial Jan 12, 1959	Christ Churc	h Cemeterv	Cambridge	Maryland		
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR'S SIGNATURE		
LeCompte Funeral Service	Cambridge Mar	vland.	140 -0	- 1 hr		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retaine the haspital ar attending physician.

TO FUNERAL DIX. After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 tille registrar prior to burial, cremation, or manaval, and in any event within 72 hours after meath. TO HOSPITAL OR

heral director,

VS A15 (4) 15M 10/57

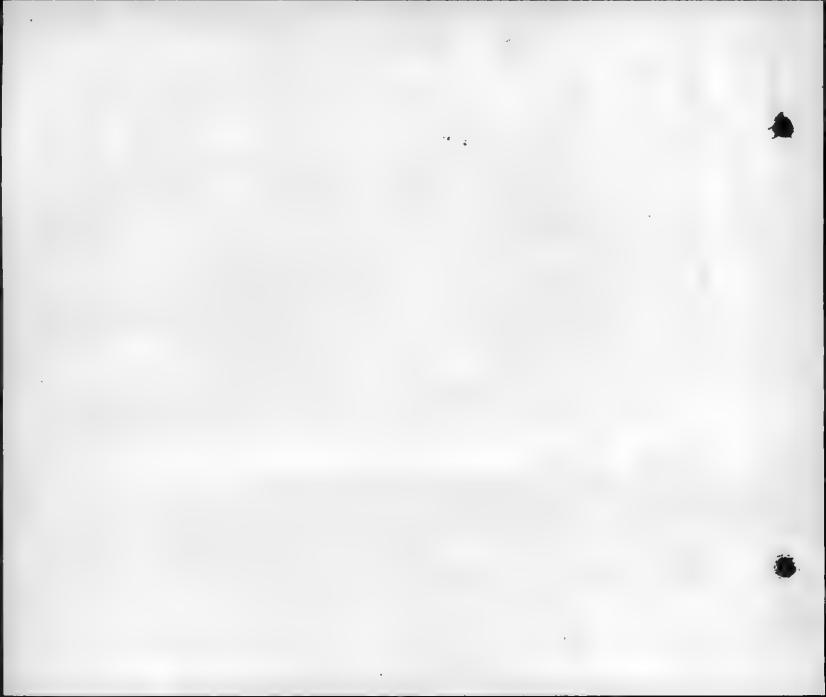


VS A1S (4) 1SM 10/57 00567

566 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATE a COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b COUNTY Dorchester											
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). Cambridge.R.R.			N 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge R.D.)
d NAME OF HO OR INSTITUTION	SPITAL (If not in hospital, a			d. STREET ADDRESS R.F.D. 2						e. IS RESIDENCE ON A FARM? YES NO K		
3. NAME OF DECEASED (Type or print)				Middle Beatrice		McNaughton		4. DATE Month OF Jan. 3, 1959				Yeor 19
s. sex Female	6. COLOR OR RACE	7 MARR	NEVER MARRIED DIVORCED		Oct.26.18	₹ 91		9. AGE (In years lost birthday)	F	Doys Doys		
	ATION (Give kind of work of working life, even if relired)				E (Stole	or foreign co		12. CI	TIZEN OF		COUNTRY	
13. FATHER'S NAME				14. MOTHER'S MA		IAME	-					
Ŧ	Robert F. Spe	ar			Mary F	ran	cis Go	slin				
S WAS DECEASED	EVER IN U S ARMED FOR		SOCIAL SECURITY NO	17 16	FORMANT			Add	ress			
No									0. 2			
gave rise to cause (a), state lying cause la		N		/ <u>c</u>	of Sme	1+7 <u> F</u>	5051	5	/EN IN PAR	Z 1(0) 19	WAS A	NUTOPSY RWED?
OR CONTRIBUT	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH											
-	10	r 20d th While at work	Not while	Oe. PLA	CE OF INJURY (Hom lory, street, office blo	ne, form, dg., etc.	20f (City	or town)	(1	County)		(State)
21. I certify that I attended the deceased fram NOV. 10, 1958, to Jan 3, 1977, that I last saw the deceased alive an late 2, 1959, and that death accurred at 6:00 Am, fram the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNATURE SIGNATURE OUT 3, 1958												
PHYSICIAN'S NAME (Type)	Lewis A	1.	Burclet	te	Car	116	bride	12, 1	270	/		
220 BURIAL, CREMA REMOVAL (Spec	TION, 226. DATE THEREO		22c NAME OF CEMET					ION (City, town,	, ,		(State)
Burial	Jan.5,19	59	East New 1	Mark				New Mar				
FUNERAL DIRECT	CHA. He	uit	ADDRESS Cambridge	Md.	24d	JAN	BY REGIST		STRAR'S SH			



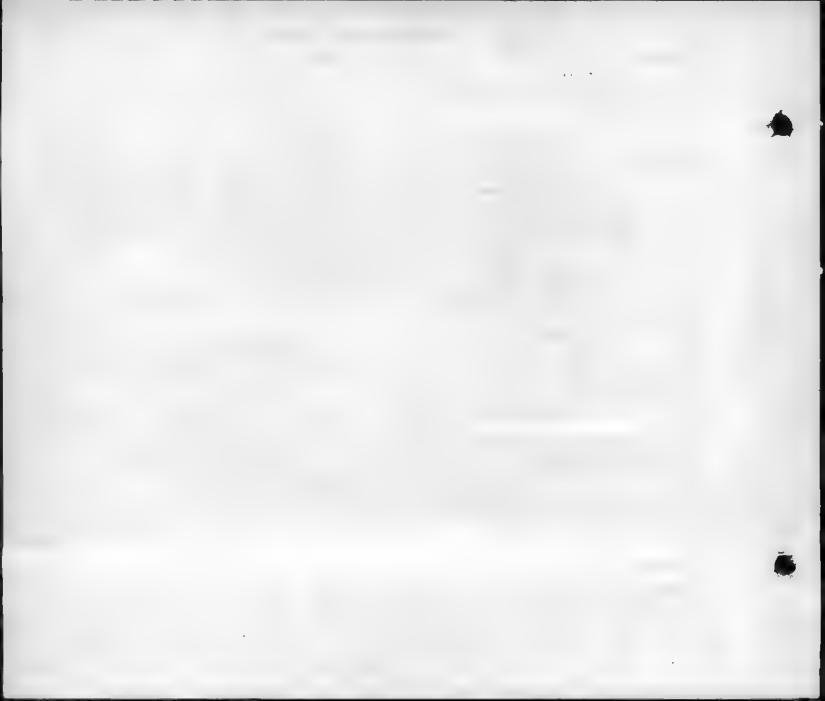
CERTIFICATE OF DEATH

503

00568

	409	Keg. Dist. No.				
48	1. PLACE OF DEATH COUNTY Dorchester	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE Maryland b. COUNTY Dorchester				
	PLIPAL and a un negreet forum	n of stay in 16 Le	c CITY OR TOWN (IF or Hurl		s, write RURAL and giv	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION M		d STREET ADDRESS	Tamel Assess		e. 15 RESIDENCE ON A FARM?
	Maryland Avenue		Marry	Land Aven	ue	YES NO 🔼
		Warthman	Medford	4. DATE OF DEATH	January 1	17 1959
)	s sex Male White Widowed	VER MARRIED	March 25, 18	l lost h	orthdoy) Months D	YEAR IF UNDER 24 HRS Doys Hours Min
		Carpenter	·			EN OF WHAT COUNTRY
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
	Robert Medford		Sallie H	arper		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unknown) (If you, give wor or dates of service) 168—16		on W. Medford	, Hurlock	, Maryland	
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	b). and (c).]	metata	also)		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), staling the under-lying cause last. (b) (b) (b) (c)	non	s here	reght	fung	Jugen
00	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE GRAVELISTA WELLING	NG TO DEATH BUT	NOT RELATED TO THE TERMIN	HALD SEASE CONDI	TION GIVEN IN PART	10) 19. WAS AUTOPSY PERFORMED? YES NO D
	200. ACCIDENT WAS UNDERVING 206 DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED), (Enter noture of injury in P	art I or Part II of ite	m W j	
	20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCC Hour a.m., p. m. 39 of work of wo	vhilefoc	ACE OF INJURY (Home, form, dary, street, office bldg., etc.)	20f. (City or town) (Co	unly) (State)
	ACTUAL PLACE BY	and that death	occurred a 9:20 A	M, from the coopeess (Street, city	couses and an the	ist saw the deceased e date stated abave DATE SIGNED
1	PHYSICIAN'S Dr. H.B. FO.	umner	J Pre	stor	mi	
		AE OF CEMETERY OF hington C		Near Hu	rlock, Mary	land (Stote)
9	23. FUNERAL DIRECTOR'S SIGNATURE J. J. Framptom and Son, Federalsbu	irg, Mary	Land DATE BY		246 REGISTRAR'S SIGN	

may be retain TO FUNERAL DIS



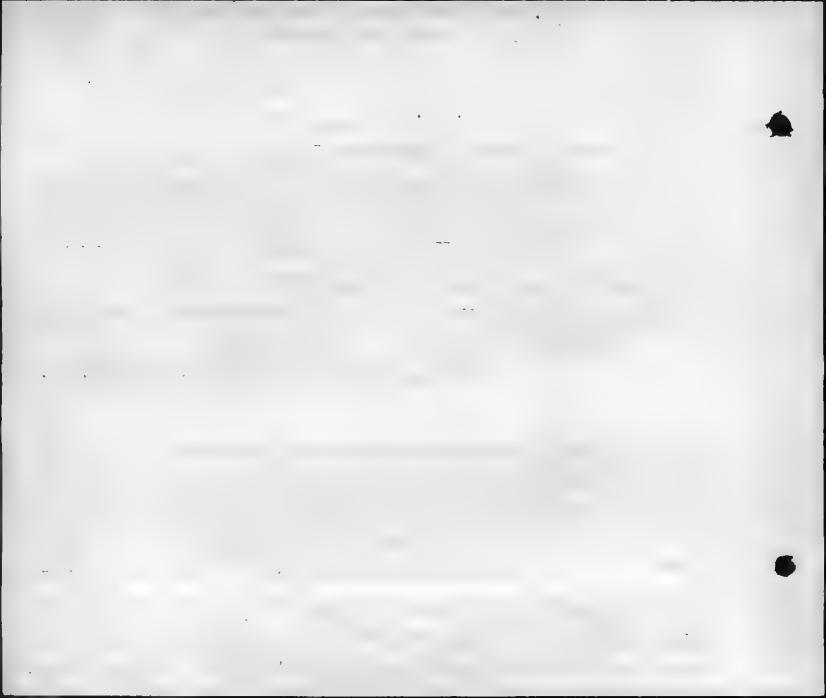
V5 A15 (4) 1SM 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SOA CERTIFICATE OF DEATH

00569

304	CERTITI	CAIL	DEAT			Reg. Dist.	No.	
1 PLACE OF DEATH o. COUNTY Dorchester	MARYLAN	ATS A II	TE		lived. If institutio b. COUNTY		before odmi	ssion)
b. CITY OR TOWN (If outside corporate limits, w	rite c. LENGTH OF STAY IN 1	b c CIT	Maryl:		ote limits, write RU			wn)
RURAL and give nearest town)					ne mma, wine ke) . c	e nouten 10*	,
d. NAME OF HOSPITAL (If not in hospital, give s	2yr. 8mo. 1d		Parso	nsburg	<u> </u>	X	T as no	CEL DENICE
OR INSTITUTION	e State Hospita	_						A FARM?
3. NAME OF First	Middle		Last	4. DATE	Mont	1	Day	Year
(Type or print) Virgini;	a (Jennie) Anth	onv N	iles	OF DEATH	Janu	ידירני:	19	1959
	MARRIED NEVER MARRIED	4'	BIRTH	19	AGE (In years		YEAR IF UND	
FCmale White Wit	DOWED DIVORCED	Dece	ther 31	, 1869	last birthday)	Months D	oys Hours	Min.
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR IN	IDUSTRY 11. BI	RTHPLACE (Slote	or foreign cou	intry)	12. CITIZ	EN OF WHA	T COUNTRY
None	80-80		Maryla	nd			U.S.A	
13. FATHER'S NAME		14 MO1	HER'S MAIDEN	NAME				
John Cutler			Rebecc	a Hall				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown]	16. SOCIAL SECURITY NO. 1	7. INFORMAN			Addre	285		
11.0 more than or promi or strates		RECORI	S: Eas	tern Sh	ore Stat	e Hos	pital	
18. CAUSE OF DEATH [Enter only one cause p	per line for (a), (b), and (c).]						INTERVAL B	BETWEEN
PART I. DEATH WAS CAUSED BY:	Pneumonia						ONSET AN	D DEATH
422.1 DUE TO								
Conditions if you which \	Generalized Ar	teriose	lanagie	with C	andi o-		Sev.	ממיני
gove rise to immediate	Vascular Disea	50	701 0010	WIDII	WIT CIT OF		5000	ATDE
cose (a), stating the under-	Senile Psychos							
(0)			ED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART I	(a) 19. WAS	ALTOPSY
ATIC							PERF	ORMED?
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Year Part Part Part Part Part Part Part Pa	DESCRIBE HOW INJURY OCCU	RRED. (Enter no	ture of injury in	Port t or Port	II of item 18.)			1 101
(IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJURY Month, Day, Year 2	_	PLACE OF IN	URY (Home, form	m, 20f. (City e	or town)	(Co	unty)	(State)
× p. m. 19 of	Vhile Not while twork of work	,,		1				
21. I certify that I attended the dec	ceased fram May 18	, 19	56 , ta J	anuary	19, 1959	that I la	st saw the	deceased
alive on January 19	19 <u>59</u> , and that de-		at 7:35	PM. from	the causes a	nd an the	date stat	ted abave
,	OPINO T				eel, city or lown, s			DATE SIGNED
SIGNATURE SIMON	Uphun.	<u> м.р. Са</u>	mbridge.	Maryl	and		1	-20-59
PHYSICIAN'S Simon Virkutis	s Easte	rn Shor	e State	<u> Hospit</u>	al. Camb	ridge.	Mary.	land
2200 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETER	nelke	Lest.	22d. LOCATH	ON City, towns or	county)	7/2 (Sto	yle)
23/ FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	n' A	240. REC	D BY REGISTR	AR 24b REGIS	TRAR'S SIGN	ATUREMA To and	
			- N - 1 - 1 - 1 - 1 - 1				10000	



I

VS A15ME 5M 2/57

	MARYLAND S	TATE DEPARTME	NT OF HEALTI	H-BALTIMORE, 1	8	0570
	MEDICA	L EXAMINER'S	CERTIFICAT	E OF DEATH	Reg. Dist. No.	160 (0
	PLACE OF DEATH COUNTY Dorchester	MARYLAND	2 USUAL RESIDENCE (MOLY)	/here deceosed lived If institute Land b. COUNTY		
	b. CITY OR TOWN It outside corporate hints, write Bulket and give reasest found — Rural	Life	Vienna	outside corporate limits, write # - Rural	(URAL and give near	est town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp Indiantown Road	pital, give street address)	Indiante	own Road	•. Y	IS RESIDENCE ON A FARM ES NO
	NAME OF DECEASED (Type or print) Calvin	Edward	Milligan	4 DATE Month OF DEATH AMOUNT	0	Year 19 59
	Male White WIDOWED	DIVORCED	ctober 2, 1	913 45 yrs.		4- 4-
	during most of working life, even if retired) Farmer 13. FATHER'S NAME	IND OF BUSINESS OR INDUSTR	Dorcheste 14. MOTHER'S MAIDEN N	er Co., Md.	U.S.A.	HAT COUNTRY
	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. S. [Tos. no. or unknown]		FORMANT	Address	ston, Mary	land
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 9/6.0 Conditions: if ony, which gove rise to immediate couse (e), stelling the underlying cause last. (c) Bur Bur Conditions: if ony, which gove rise to immediate couse (c), stelling the underlying (c)	ens face, hes				as tant
	PART II, OTHER SIGNIFICANT CONDITIONS CO	HOW INJURY OCCURRED (E	iter nature of injury in Part		1 1 P	PERFORMED?
279	20c TIME OF INJURY Month, Doy, Year 20d. It 1/6/ 19 59 of war 21. I certify that I took charge af the results of the results o	NJURY OCCURRED 20e PLAC Remains described above	E OF INJURY (Home, form ry, street, affice bldg., etc.)	Vienna,	(County) Dor. Inquiry [], mined manner	(State) Md. and in my
	ACTUAL SIGNATURE STEEM IN.	ref.	_M.D,		D	ATE SIGNED
	22c. BURIA, CREMAT ON 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	DEPUTY MEDICAL E	EXAMINER 1/1	r county)	(Stote)
	Second Color Calvin Edivard Milligan Second Color Second Color Calvin Edivard Milligan Second Color Second Color Calvin Calv					
	J.J. Prompoun and bon, 1 ode		DATE	1, '50 (''	The william	



CEPTIFICATE OF DEATH

00571

Decrease before the composition of the composition			CERTIFIC.	AIL OI DEAII		Reg. Dist. No.	
B CITY OR TOWN control corporate limits, write 2 months 2 m	o. COUNTY Dorchester		MARYLAND	2 USUAL RESIDENCE (WHO STATE Marylas	nere deceased lived If institution b. COUNTY		
ON A FAR Cambridge—Maryland Mospital Rutal ON A FAR Cambridge—Maryland Mospital Rutal ON A FAR Combridge—Maryland Mospital Rutal ON A FAR Combridge—Maryland Mospital Doy Fear Combridge—Maryland Combridge Maryland Combridge Maryland Combridge Maryland Combridge Combridge Maryland Com	RURAL and give nearest lown)	te limits, write		c CITY OR TOWN (IF o	ulside corporate limits, write R	URAL and give near	rest town)
DAME OF DEATH AND COLOR OR RACE Middle Middle Moore Moore Moore DEATH JRIN. 20, 1959 Day Year Ye	OR INSTITUTION	***					IS RESIDENCE ON A FARM? YES TO NO
SEX 6. CCIOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF SIRTH 9. AGE (in paralle with the wide of work and married) DIVORCED DIVORCED Sept. 10, 1880 9. AGE (in paralle with the wide of work and married) DIVORCED DIVORCED	NAME OF DECEASED	First	Middle		Of.		Year
EMBLE White WIDOWED DIVORCED Sept.10,1880 OVAL DECURATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BETHFLACE (Stole or foreign country) MOUSEWITE FATHER'S NAME Thomas Whitting ton WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO IT INFORMANT No I By a give and of most funder of the foreign country. NO I BY A give and of most funder of the foreign country. NO I BY A give and of most funder. PART I DEATH (Enter only one couse per line for (c). (b). and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gave rise to immediate course (c), uteling the under. Lying course iost. PART II. OTHER SIGNIFICANT CONDITIONS CONTERBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 179 WAS AUTOF PERSONAL (F. EITHER, NOTHER MERCHANNES) To C. TIME OF INJURY Month Dop, Year 20d. INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTION DOP, Year 20d. INJURY OCCURRED (Control of the course of	. SEX [6. COLOR OR F	RACE 7. MARR	TIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	
20. SLALA COCUPATION (Give kind of work done) HOUSEWITE FATHER'S NAME Thomas Whitting ton WAS DECEASED EVER IN U. S. ARMED FORCES? NO of whitmone of the work			_	Sept.10.1880	lost birthdoy)	Months Doys	Hours Mil
FATHER'S NAME Thomas Whittington WAS DECEASEDEVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASEDEVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO 18 INFORMANT WAS DECEASEDEVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO 18 INFORMANT DIVETOR BY SECURITY ON 18 INFORMANT DWIGHT L. MOOTE, Williamsburg, Md. III. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate to the property of the part of the property of the part of the property of the part of the p		work done 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	or foreign country)	12 CITIZEN OI	
WAS DECEASED EVER IN U. S. ARNED FORCES? NO of Madrows) NO 1 IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoling the under line) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) 20th ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PART II. OTHER REDICAL EXAMINER) 20th ACCIDENT WAS UNDERLYING CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(b) PART II. OTHER REDICAL EXAMINER 20th ACCIDENT WAS UNDERLYING CONTRIBUTION CONTRIBUTI	FATHER'S NAME						
WAS DECEASED EVER IN U. S. ARNED FORCES? NO of Madrows) NO 1 IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoling the under line) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) 20th ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PART II. OTHER REDICAL EXAMINER) 20th ACCIDENT WAS UNDERLYING CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(b) PART II. OTHER REDICAL EXAMINER 20th ACCIDENT WAS UNDERLYING CONTRIBUTION CONTRIBUTI	Thomas W	hitting	ton	Emma Melv:	in		
IB. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: (C) Conditions, if ony, which gove rive to immediate course (o), stoling the under-lying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTO-PERFORMENT (C). 20a. ACCIDENT WAS UNDERLYING (C) OR CONTRIBUTING C) CAUSE OF DEATH (IF ETHER, NOTHER MEDICAL EXAMINER) 20b. ACCIDENT WAS UNDERLYING (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTO-PERFORMENT (C)	. WAS DECEASED EVER IN U. S. ARMEE	PORCES? 16.				ress	
IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	to have the man and	oter of retrice)	D	wight L. Moore	e.Williamsburg	. Md.	
OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED White of work of wor	Conditions, if ony, which gove rise to immediate couse (o), stoling the under lying couse lost. Part II. OTHER SIGNIFICANT	(b) 10 UE TO (c) CONDITIONS	enocarcii	nowld of	NAL DISEASE CONDITION GIV	/EN IN PART I(o) 19	WAS AUTOM
21. I certify that I attended the deceased fram SCAT 2. 125% to JOH 20, 19,59 that I last saw the decolive object of the course of the deceased fram SCAT 2. 125% to JOH 20, 19,59 that I last saw the decolive object of the course and an the date stated of ADDRESS (Street city or lown, stote) ACTUAL SIGNATURE CONTROL OF THE REOF PHYSICIAN'S NAME (Type) Lewis M. Burdette Combridge Md. PHYSICIAN'S NAME (Type) Lewis M. Burdette Cambridge Md. PHYSICIAN'S NAME (Type) Lewis M. Burdette Cambridge Md. PLACE STREET SIGNATURE CAMBRIDGE Md. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE		NER)			·		
olive ob All 1954, and that death accurred at 130 M, from the causes and an the date stated at ADDRESS (Street, city or lown, stote) ACTUAL SIGNATURE AND ADDRESS (Street, city or lown, stote) DATE STATE OF THE S	Hour o. m.	While of world	Not while fo	octory, street, office bldg., etc.)		(58
Burial Cremat On, Removal (Specify) Durial FUNERAL DIRECTOR'S SIGNATURE ADDRESS 22c NAME OF CEMETERY OR CREMATORY PROVAL (Specify) Dorchester Memorial Park Cambridge, Md. 24c. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE	olive of CIA	the decease	ed fram Sept.	h accurred at 1:30	♣, from the causes o	and an the date	w the dece e stated ab DATE SIG
Burial Jan. 22, 1959 Dorchester Memorial Park Cambridge, Md. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	NAME (Type) LEWIS	M.I	Burdelle	Cam	bridge,	Md.	
2 de la constitue de la consti	Burial Jan.2		Dorchester			**	(Stote)
	FUNERAL DIRECTOR'S SIGNATURE	A.			D BY REGISTRAR 246 REGIS	STRAR'S SIGNATURE	E

death. Page 4 nerol director, old be filed with ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours offer may be retain. The haspital ar attending physicion.

TO FUNERAL DI * After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hauge-after death.

Kal

TO HOSPITAL OR VS A15 (4) 15M 10/57

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Cala & House

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs alt

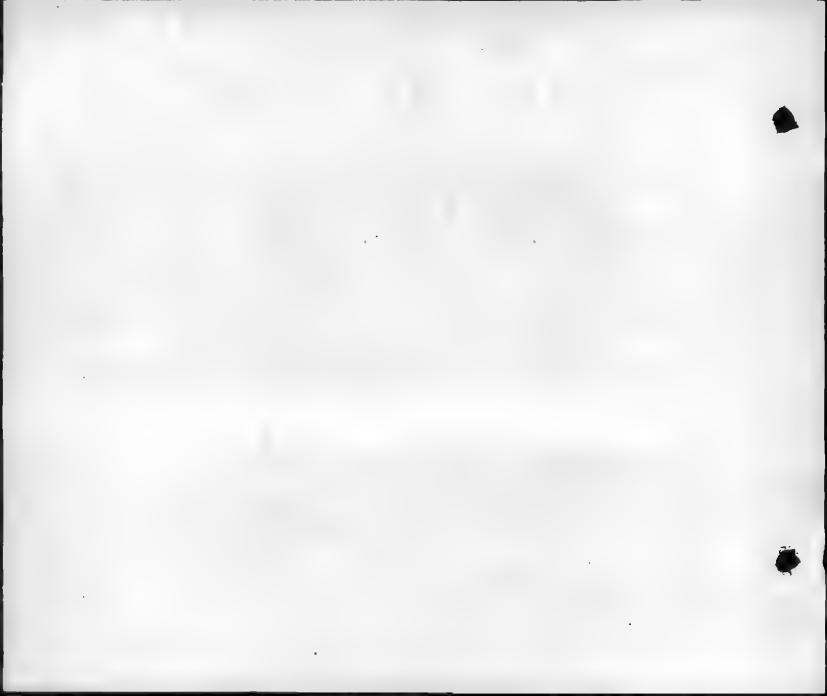
TO HOSPITAL OR

VS A15 (4) 15M 10/57

deoth. Page 4

		N. C.	eg, Dist. No.
1, PLACE OF DEATH 0 DOTThester M	2. USUAL RESIDENCE (WI	here deceased lived if institution and b. COUNTPOI	Residence before admission) rchester
b CITY OR TOWN (If outside corporate limits, write C. LENGTH OF S WIND TOP CONTROL TOWN)		outside carporate fimits, write RUR/	Al and give nearest town)
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION COLFOR	d, STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Walter J	Moxom Last	4. DATE Month OF Jan	13 Day Year 59
5 SEX Ma le 6. COLOR OR RACE 7 MARRIED NEVER MA White WIDOWED DIVO	RRIED 8. DATE OF BIRTH March 6, 188		UNDER 1 YEAR IF UNDER 24 HRS honths Doys Hours Min
Meteorologist even Reted US Weath			US A
Joseph Moxom	Lurinda D		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (101 190 unknown) (11 yes, give wor or dates of service) None	NO NO NO NECESARIA NO NECESARIA NO NECESARIA NO NECESARIA NO NECESARIA NECES	xom Woolford	Maryland
		T DISEAS	INTERVAL BETWEEN ONSET AND DEATH 3 mm
gave rise to immediate course (a), stating the under lying cause tost. Past II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	PERFORMED?
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJUR OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED (Enter nature of injury in	Part I or Part II of stem 18.)	AES NO S
Coc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of wark at work	20e. PLACE OF INJURY (Home, form factory, street, affice bldg., etc.), 20f. (City or town)	(County) (State)
21. I certify that I attended the deceased from Ocalive an fan 12., 1959, and the signature Ocalive R. Maryan PHYSICIAN'S ALFRED R. MARYA	ov M.D. 136	ADDRESS (Street, city or lawn, star	
220 BURIAL CREMATION, 225 DATE THEREOF CHAME OF COCAR		22d LOCATION (C by lown, or e Suitland	ounty) Maryland (Stole)
23. FUNERAL DIRECTOR'S SIGNATURE 7 CONTROL ADDRESS	dae Mary and 240 REC	D BY REGISTRAR 246 REGISTRA	AR'S SIGNATURE

DATE



certificate



TO HOSPITAL OR

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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36.	3 CERTITION	TIE OF BEATH	Reg. Di	st, No.
1. PLACE OF DEATH a. COUNTY Dorchewter	MARYLAND	2 USUAL RESIDENCE (Where dec	b. COUNTROPCHE	
b CITY OR TOWN of putside carporate limits, write RURA Collaboration and some sown)	C LENGTHIOP ETAY IN 16	c. CITY OR TOWN (If outside of Cambridge	corporate limits, write RURAL and q	give nearest tawn)
d NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION idge Maryland H	oddress)	320 West End A	ve	e IS RESIDENCE ON A FARMENT YES NO
3. NAME OF First Thomas First Thomas	S Middle	Price 4.00	ATE Month F Jan	Dog. 7, Yeor 59
S SEX 6 COLOR OR RACE 7. MAI Male White WIDOV	32%	May 14, 1896	9 AGE (In years IF UNDER loss birthday) OZ yrs	1 YEAR IF UNDER 24 HRS Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman	Seafood	Maryland	eign country) 12 CtT	US A
Thomas S Price Sr.		14. MOTHER'S MAIDEN NAME		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16	220 16 16314 17. II	William S Price	Jr. Cambridge	Md.
gave rise to immediate couse (a), stating the under lying couse lost. Past II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	PISEASE CONDITION GIVEN IN PAR	T 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
ZOc. TIME OF INJURY Month, Day, Year 20d. Hour a. m. White	£	ACE OF INJURY (Home, farm, 20f. tary, street, affice bldg , etc.)	. (City or town)	County) (State)
21. I certify that I attended the deced alive on 16 JAN. 19. ACTUAL FALLS 6. PHYSICIAN'S WALTER E. 220 BURIAL CREMATION, 22b, DATE IMPRECIATION	GUNBYUR	CAMBR	from the causes and on the ESS (Street, city or town, state)	2/JAN5
220 BLRIAL CREMATION, 225, DATE INFREOF Jan 19 1959 23 FUNERAL DIRECTOR'S SIGNATURE	20c WAME OF CHAFTERY O	240. REC'D BY R	Cambridge Mar	yland (Stole)
LeCompte Funeral Servic		Maryland BANSIN 23		



OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND MARYLANC b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) BOZMAN URLOCK IS RESIDENCE
ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION YES NO T Fisher Nursing Home 4. DATE NAME OF Middle Day DECEASED 3 DEATH 195 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH Months Doys Hours FEMALE WIDOWED | DIVORCED [7] 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) BOZMAN HOUSE WIKE 14. MOTHER'S MAIDEN NAME ofter 13. EATHER'S NAME TODER 17. INFORMANT 16. SOCIAL SECURITY NO. Address none ending ANTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 120 IMMEDIATE CAUSE (a) DUE TO Menley Conditions, if ony, which gove rise to immediate **DUE TO** cotise (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 1B.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while at work at work p. m. 21. I certify that I attended the deceased fram. 1 124 ______ 19, 2, 4, that I last saw the deceased 19 9 and that death accurred at alive on.... M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ploods ā PHYSICIAN'S DI 01-11 ours NAME (Type) FUNER/ 22b. DATE THEREOF 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) EMELERY DO322 OZMAN o 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE **ADDRESS** VS A15 (4) 1SM 9/5S DATE B 3



Page

death.

death certificate be

that



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0.0578585 **CERTIFICATE OF DEATH** Rea. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) · COUNTY **b.** COUNTY MARYLAND Talbot Dorchester Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) lvr 2mo 5days Cambridge St. Michaels d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Eastern Shore State Hospital YES INO IX Middle 4. DATE Last Month Day Year DECEASED OF DEATH Robert Spedden 59 (Type or print) Seymour 19 January S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years IF UNDER LYEAR IF UNDER 24 HRS last birthday) Months Davs Hours Min. White July 10. 188h Male WIDOWED IX DIVORCED [papers. YES. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. Waterman Marvland U.S.A. corbon offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H. Seymour Clarissa Marshall remove IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Eastern Shore State Hospital RECORDS: Unknown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH ä PART I. DEATH WAS CAUSED BY: Cardiac Failure IMMEDIATE CAUSE (o) DUE TO Chronic Cardio-vascular Disease permit. Conditions, if ony, which gove rise to immediate DUE TO cosse (o), stoling the under-Generalized Arteriosclerosis tisuo lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES 🗍 NO 🕅 CERTIFIC 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Doy, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) O m Not while of work at work 21. I certify that 1 attended the deceased from October 7 ... 1957, to January 12, 1959, that I last saw the deceased and that death occurred at 8:55 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Cambridge. Maryland 1-13-59 DIX ď P shoul PHYSICIAN'S NAME (Type) Ettore DeFilippis Eastern Shore State Hospital, Cambridge, FUNER/ 220 BUSTAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) poge REMOVAL (Specify)

ADDRESS

24a. REC'D BY REGISTRAR

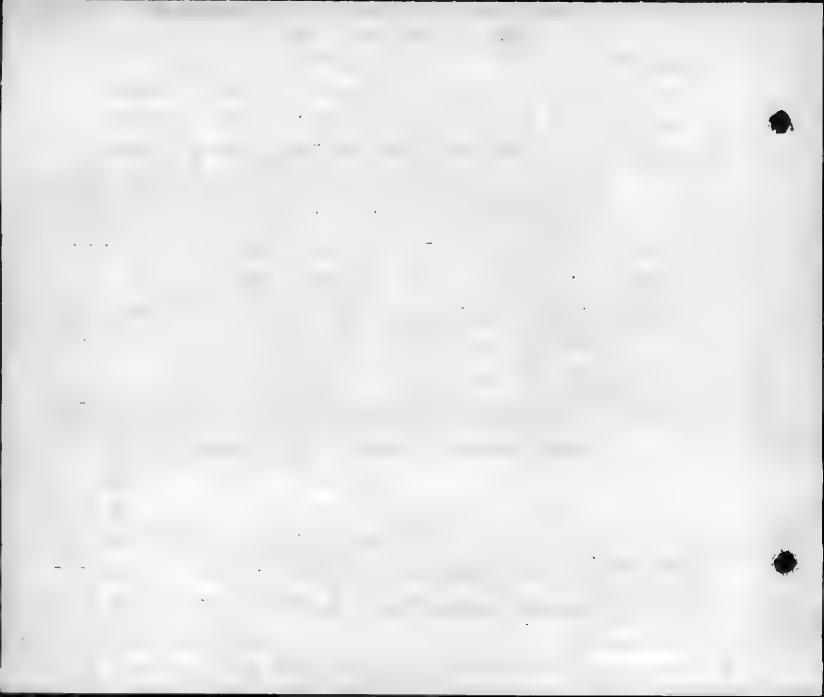
DATE JAN

24b REGISTRAR'S SIGNATURE

2 E 2 G VS A15 (4) 15M 9/SII

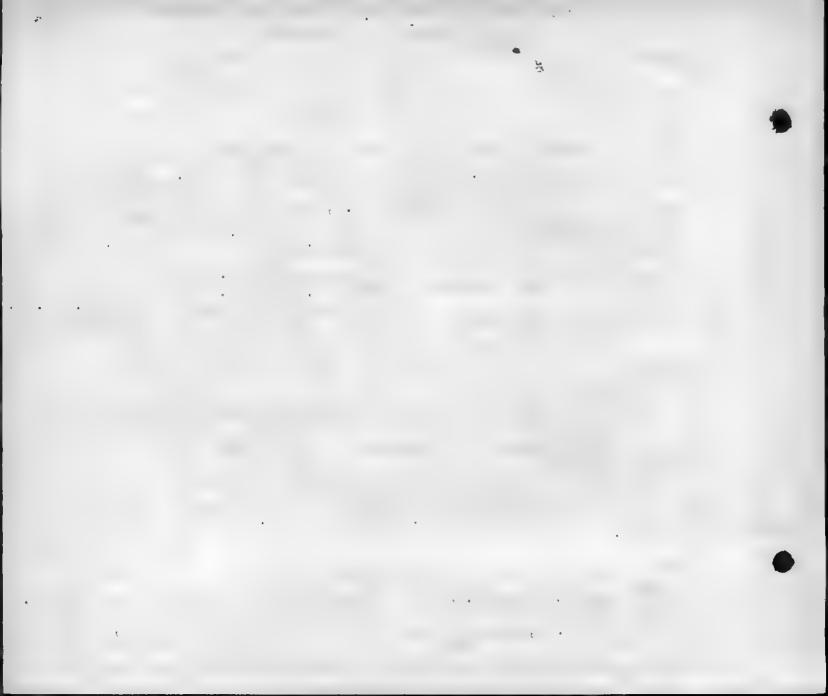
23 FUNERAL DIRECTOR'S SIGNATURE

death.



death.

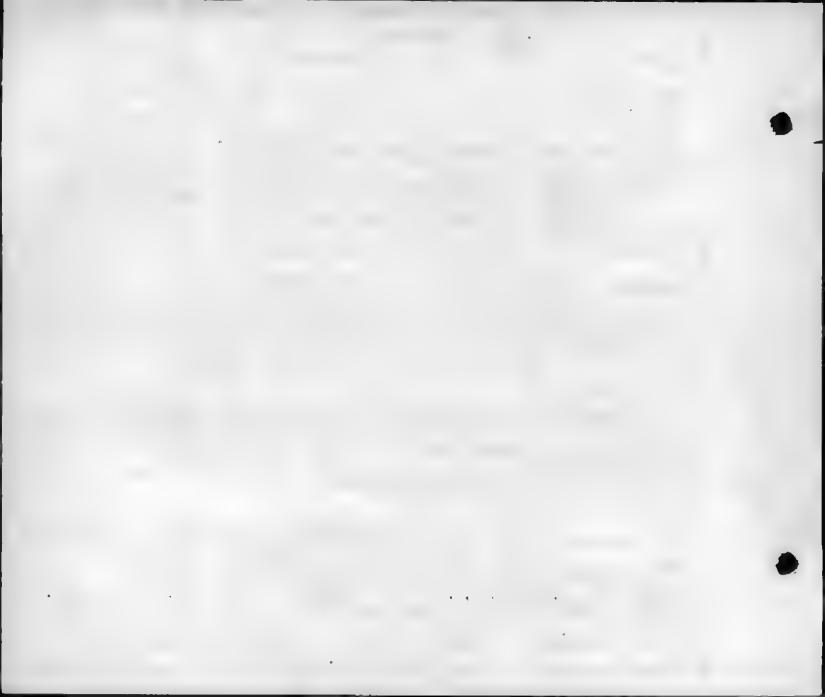
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR ST	. 1	Items 18-20 FILM MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
HEALTH	DEPT.	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
. 를 . 구.		o COUNTY Dorchester Maryland b COUNTY Dorchester
E B	1	b. CITY OR TOWN (I outside corporate limits, write RURAL and give nearest town) ond give neares town)
\$ 9 %	L.	Cambridge 18 Yrs. Cambridge
L E	0.4	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS o IS RESIDENCE ON A FARM?
To go g	13 13	11 Edgewood Ave.
loin State		3. NAME OF First Middle Last 4. DATE Manth Day Year DECEASED
e a e e		(Type or print) Marjorie Smith DEATH January 7 1959
5 4 4		5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In recos let b of bedy) Months Days Hours Min.
2 x 3 6 4 5 6 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5		Leure 1 Magi. O MIDOMED DIVORCED DI 0/1/1914
nd age		100. USUAL OCCUPATION (Give kind of work date 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired}
200		Laborer Maryland U.S.A.
Ma.		13. FATHER'S NAME
P B B	1	Lorenzo Griffen Sarah Tilghman
	1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address [It yes, give wor or decks of pervice] Unknown Frank Smith
	-/	
ng ng	`-	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PARY f DEATH WAS CAUSED BY: THE THORSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IMMEDIATE CAUSE (a) THE UNIT STOOMS TO THE TOTAL TOTAL TOTAL THE TOTAL T
Tice from	J'	5 % O. 9 DUE TO Acute methanol poisoning
e o lo e	Ť	Candilians, if any, which by gove rise to immediate cause
0 0 0		(e), stoting the underlying DUE TO
o so		couse lost. (c)
Ed c	*	EFFORMED?
icol icol e us		YES NO 20a. EXTERNAL CAUSE WAS _ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18.)
Med b		FRIMARY CONTRIBUTING C
ber		S 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (5tote)
#5% 8	7	B Hour a. m. White Not white lactory, street, affice brigg., etc.)
the age	1	
P D Y		
og er		opinian death resulted from: Natural causes [], Accident [A], Suicide [], Hamicide [], Undetermined manner []
RECT ed og		ACTUAL CHIEF MEDICAL EXAMINER [7] DATE SIGNED
를 들는	0	ASSISTANT MEDICAL EXAMINER
d by RAI	3Kes	EXAMINER (1/pe) Dr. John Mace Jr. DEPUTY MEDICAL EXAMINER 1/ 22/59
T S C		220 BURIAL CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 220. LOCATION (City, Jown, or county)
P A S		Burial 1/11/59 Carmichal Cometery Queen Anne, Md.
7		23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 5 SIGNATURE
M 2/57		Herbert StClair Cambridge, Md.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 590 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) b. COUNTY ~ Dorchester MARYLAND W 9 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) rural Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION .shin ton Ave. Eastern Shore State Hospital YES TO NO TO 3. NAME OF Middle 4. DATE Manth Year Day DECEASED OF DEATH (Type ar print) 19.5 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months WIDOWED A DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14 MOTHER'S MAINEN NAME 13. FATHER'S NAME. ance move 17. INFORMANT IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Eastern Shore State Hospital records 110INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: UKK neumonia roncho IMMEDIATE CAUSE (6) 11.97 L X DUE TO Canditions, if any, which gave rise to immediate **DUE TO** cattle (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO IN 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a. m. While Not while at work at work D. In ____, and that death occurred at 495 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE prior shauld ᅙ Bastern Chero State Hes ital, Canbrilge, Thomas J. Drad a NAME (Type) FUNER 3 22d LOCATION (City, town, or county) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (Stote) page REMOYAL (Specify) nn. 0 ADDRESS 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 1SM 9/SS



death.

hours



00582

204

CERTIFICATE OF DEATH

001				Reg. D	ist, No. 04	
1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	nd b, c	institution: Reside	hester	ssion)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Hurlock	53 years	c. CITY OR TOWN (IF or X Hurlock	stride corporate limits	, write RURAL and	give nearest tax	vn)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Broad		/ d. STREET ADDRESS Bro	oad Stree	t	ON	SIDENCE A FARM?
3. NAME OF First DECEASED (Type or print) Effic	May	Willson	4. DATE OF DEATH	Month Jan	Doy 21	Year 19 59
Town lo White	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH April 10,	1883 9. AGE (in years IF UNDE (hday) Months O yes.	Doys Hours	-
10a. USUAL OCCUPATION (Give kind of work dane 101 during most of working life, even if retired) HOUSEWII C	Housewife	STRY 11. BIRTHPLACE (Stole of		12. C	U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N				
Patrick H. Wright			len Lewi	S		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? It (If yes, gave wor or dotes of service)	6. SOCIAL SECURITY NO. 17. I	J. Walter W	illson,	Address Sr. Hu	rlock,	Md.
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 57 × DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause lost. (c)	Carcin		it De		6 m	no.
PART II. OTHER SIGNIFICANT CONDITIONS 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH III ETTHER, NOTIFY MEDICAL EXAMINER	SCONTRIBUTING TO DEATH BUT				PERF	ORMED?
	COURT OCCURRE	D. (Enter abiotal of safety in s	OIT TO TOIT II OI NON	. 10./		
A Hour a.m. Whil		ACE OF INJURY (Home, form, crory, street, office bldg., etc.)	20f. (City or town)		(County)	(Stote)
21. I certify that I attended the decedrative on 1 - 2 19 ACTUAL SIGNATURE TO TAKE SIGNATURE PHYSICIAN'S H. R. Trappel	.59, and that death	occurred at 12 /	M, from the co	ouses and an	the date stat	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Jan. 24, 19	22c. NAME OF CEMETERY O		22d. LOCATION (City		(sk	
23. FUNERAL DIRECTOR'S SIGNATURE	3 sharing	240, RECIO		IN REGISTRACE S	RGNAMMRE .	

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retain. The haspital or ottending physician.

TO FUNERAL DI COR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shot the registrar prior to burial, cremation, ar removal, and in any event within 72 bours after death.

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uneral director, buld be filed with

VS A15 (4) 15M 9/55

FOR STATE HEALTH DEPT.

stary, please clar. Page our files. DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne execute the official, writing the ward "pending" in pencil is them 18. Give Pages 1, 2, and 3 to the funeral 4 should be and a lot he Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 5 FUNERAL DIRECTOR: Page 3 should be used as a burial-Itansit permit. File pages 1 and 2 with the State Bag at its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

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		5ME /57	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

00583

1, PLACE OF DEATH	orchester	5 T 19	MARYLANG	A STATE		Where deceas	ed lived. If instit b. COUNT	4000	r chester	
and give nearest fown		URAL	c. LENGTH OF STAY IN 16	c. CITY O		outside corp	porale limits, write	RURAL ond	give neorest town)	
Cambridge	AL OR INSTITUTION (IF	- A 7- A	Life	100		Lugo				
Cambridge	Md. Hosp	ital	pirot, give street oddress)	1/ - /	Maces	s Lane	a		ON A FAI	RM7
3. NAME OF DECEASED (Type or print)	First K1m		Norlene Wo	olford	e t	4. DATE OF DEATH	Janua		B 19	9.
5. SEX Female	6. COLOR OR RACE 7	The state of the s	D NEVER MARRIED		^H /58		9. AGE (In years last birthday) Yrs.	IFUNDER 1		HRS.
100. USUAL OCCUPATIO	ON Give kind of work do	ne 10b. K	IND OF BUSINESS OR INDUS	STRY 11. BIRTHP	LACE (State	or foreign c	and the same of the same	12. CITIZ	EN OF WHAT COUR	NTRY?
during most of warking	None		None	М	arvla	and			USA	
13. FATHER'S NAME	NOME			14. MOTHER'S	V	-				
	Voolford			м		ed Che	ester			
(Yes, no, or unknown)	ER IN U. S. ARMED FORC (II yes, give was as dates of serv	ES? 16. 1	SOCIAL SECURITY NO. 17.	Silas	Wool:	ford	15 Mac	es La	ne	
	TH [Enter only one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	_	or (o), (b), ond (c).]						INTERVAL BETWEEN DNSET AND DEATH	
493X	DUE TO								li i	
Conditions, if a gave rise to immed (a), stating the course last.	underlying DUE TO			Position						
	HER SIGNIFICANT CONDIT	IONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE	CONDITION GI	VEN IN PART	1(a) 19. WAS AUTO)?
PART II. OTH	USE WAS NTRIBUTING [] 206.	DESCRIBE	HOW INJURY OCCURRED	(Enter noture of i	njury in Por	F1 or Part II	of item 18.)			L
TOC. TIME OF INJUIT	RY Month, Day, Year	While		ACE OF INJURY story, street, office	(Home, form e bldg., etc.	n, 20f. (City	or town)	(Coun	ty) (Sto	ote)
21. I certify th	not I took charge a	f the r	emoins described ob	ove, held ar	Autops	у П. In	spection [7]	Inquiry	, and in	France
			auses 🔀 Accident		. —	Homicide	- beard	rmined m		uny
ACTUAL SIGNATURE	June	20	energ	M.D.		KAMINER [DATE SIGNE	D
EXAMINER'S NAME (Type)	Or. John M	ace	Jr.			AL EXAMINER		9/59		
220. BURIAL, CREMATIO REMOVAL (Specify) Burial			72c. NAME OF CEMETERY OF Hugh's Miss		m.		ion (City, lown,		ester, M	id.
23. FUNERAL DIRECTOR		Ce	ADDRESS imbridge, Mo	ι,	24a. RECT	D BY REGISTE	RAR 246 REGI	STRAR'S SIGN	ATURE	
4	4000016	-XV	V		Torrit	*		a - 44-20-50h		

MEDICALERAMINER'S CENTIFICATE OF FIRM